

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		10/20/99
O.I.P.E. CLASSIFIER		59	11/3
FORMALITY REVIEW	<i>WMB</i>	68231	11/5/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/2/03
2	✓	✓	3/10/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
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42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	9/2/03
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
58	✓	✓	
59	✓	✓	
60	✓	✓	
61	✓	✓	
62	✓	✓	
63	✓	✓	
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67	✓	✓	
68	✓	✓	
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96	✓	✓	
97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
110	✓	✓	
112	✓	✓	
113	✓	✓	
114	✓	✓	
115	✓	✓	
116	✓	✓	
117	✓	✓	
118	✓	✓	
119	✓	✓	
120	✓	✓	
121	✓	✓	
122	✓	✓	
123	✓	✓	
124	✓	✓	
125	✓	✓	
126	✓	✓	
127	✓	✓	
128	✓	✓	
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142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

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